



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

MONEY TRANSMITTER OFFICE CLOSURE/LICENSE SURRENDER FORM

INSTRUCTIONS FOR CLOSURE OF A LICENSED MONEY TRANSMITTER OFFICE:

1. **SURRENDER ORIGINAL LICENSE**
Please return the original Money Transmitter license to DFI, or confirm that the original Money Transmitter license has been destroyed.
2. **RECORDS LOCATION & RECORDS CUSTODIAN**
Books and records must be made accessible to DFI in compliance with RCW 19.230.170. Tell us where the company records will be kept and who will give us access to them. We may view these records at any time for the next five years.
3. **ANNUAL ASSESSMENT DUE AT TIME OF CLOSING**
Fees or assessments owed should be paid upon closure of your office. Your annual assessment is due each year on July 1, even if you surrendered your license earlier in the year. To avoid confusion, you may pay the annual assessment now along with the surrender of your license. NOTE: if you have no authorized delegate locations, place a "zero" in the "authorized delegate dollar amount due" blank. Make your check payable to the "Washington State Treasurer."
4. **NON-VIOLATION STATEMENT**
All principals (10% control or more) and the Responsible Individual must sign the non-violation statement. Make copies if more signatures are needed.
5. Deliver the completed Closure form, surrendered license (unless it has been destroyed), and fees to:

via US Post Office

DFI – Consumer Services
PO Box 41200
Olympia WA 98504-1200

via other courier (eg: UPS, FedEx)

DFI – Consumer Services
150 Israel Rd SW
Tumwater WA 98501

RCW 19.230.070 (5) A money transmitter licensee may surrender a license by delivering the original license to the director along with a written notice of surrender. The written notice of surrender must include notice of where the records of the licensee will be stored and the name, address, telephone number, and other contact information of a responsible party who is authorized to provide access to the records. The surrender of a license does not reduce or eliminate the licensee's civil or criminal liability arising from acts or omissions occurring prior to the surrender of the license, including any administrative actions undertaken by the director or the director's designee to revoke or suspend a license, to assess fines, to order payment of restitution, or to exercise any other authority authorized under this chapter.



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| | | | |
|---|----------------|----------------------------|----------------|
| DFI License Number: | 550 – MT - | Effective Date of Closure: | |
| Licensee Name/ Db, Trade Name | / | | |
| Contact person when closure request is reviewed | | Phone: | |
| | | Fax: | |
| Licensed Physical Address | | | |
| | Street Address | City | State Zip Code |

SURRENDER ORIGINAL LICENSE

- ☐ Original License enclosed
- ☐ Original License will be mailed by _____ Date. (MM/DD/YYYY)
- ☐ Original License Destroyed/Lost (explain) _____

RECORDS LOCATION & RECORDS CUSTODIAN

| | |
|---|--|
| <input type="checkbox"/> Existing Records Location | <input type="checkbox"/> New Records Location |
| Street Address (cannot be a PO Box) City State Zip Code | |
| <input type="checkbox"/> Existing Records Custodian | <input type="checkbox"/> New Records Custodian |
| Last Name First Name Full Middle Name Firm name (optional) | |
| Phone FAX E-mail Mailing Address (if different than Records Location) City, St, Zip | |

ANNUAL ASSESSMENT REPORT DUE AT TIME OF CLOSING

In the prior 12-months, my company transmitted a total of \$ _____ U.S. dollars (Round to nearest \$100.00)

☐ Main Office: \$500

☐ Due For Each Approved Authorized Delegate Location: \$50:

\$50 x (Times) _____ total Authorized Delegate Locations (enter zero if no delegates or “agents”) = \$ _____

TOTAL DUE: \$500 + (Plus) \$ _____ for Authorized Delegates = \$ _____ Total Due

Make check payable to “Washington State Treasurer” and mail with this closure form to: DFI/DCS, 150 Israel Rd SW, Tumwater WA 98501

NON-VIOLATION STATEMENT:

The undersigned hereby declares intent to operate in compliance with chapter 19.230 RCW, the Uniform Money Services Act of Washington. I will not hold myself out as able to perform the duties of a money transmitter unless and until such time as I have secured a position as a bona fide employee of a licensed or exempt money transmitter.

Signature of Authorized Official

Signature of Authorized Official

Printed name & title of Authorized Official

Printed name & title of Authorized Official